

FILED JUN 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14675

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 540	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (in this place) life		c. CITY OR TOWN St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri Methodist Hospital				f. STREET ADDRESS (If rural, give location) 402 N. 7th St. 01170			
3. NAME OF DECEASED (Type or Print) a. (First) Randolph		b. (Middle) Milton		c. (Last) Davis, Jr.		4. DATE OF DEATH (Month) (Day) (Year) May 23, 1955	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH November 12, 1892	
9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Personnel Manager (ret)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Randolph M. Davis		13b. MOTHER'S MAIDEN NAME Mary Logan Fairleigh		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Jarrot McCord, Jr., 2714 Ashland, St. Joseph, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of pharynx & larynx</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumonia's Aspiration type bil.</u> DUE TO (c) <u>Carcinoma of pharynx & larynx</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>	
19a. DATE OF OPERATION 4-25-55		19b. MAJOR FINDINGS OF OPERATION Carcinomatous involvement of larynx & pharynx				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-28, 1952, to 5-23, 1955, that I last saw the deceased alive on 5-22, 1955, and that death occurred at 17:30a, m., from the causes and on the date stated above.							
23a. SIGNATURE (Deceased or title) Erwin H. Moen M.D.				23b. ADDRESS 902 Edmund St. Joseph, Mo.		23c. DATE SIGNED 5-24-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5/25/1955		24c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
DATE REC'D BY LOCAL REG. June 2, 1955		REGISTRAR'S SIGNATURE Esther M. Allison		485 25. FUNERAL DIRECTOR'S SIGNATURE Heaton - Bowman		ADDRESS St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *William J. Kelly*

Licensed Embalmer No. 4535

P. O. Address 319 E. 12th St. N.Y.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.